

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller for Auditor

RECEIVEDEMAIL
MAY 19 2008IMPORTANT: Indicate by # type of committee you are reporting for: 5(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Joel D. Miller

Political Party (if applicable)

Democrat

Office Sought

Linn County Auditor

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

319-393-0533

TELEPHONE

65/19/2008
DATE SIGNEDI AM FILING A May 14, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/4/2008 and (Primary 6/3/2008)

County & Local Committees, enter County in
which Election is held
Linn**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

232.87

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....

2,349.00

Schedule F: Loans Received total (Attach Schedule F).....

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

2,581.87

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....

68.00

Schedule F: Loan Repayments total (Attach Schedule F).....

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$

2,513.87

****UNPAID BILLS** (From Schedule D - Attach Schedule D).....\$

0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E).....\$

381.59

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$

100.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller for Auditor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
03/26/2008	ID# CK# 4825	Carole S. Maher 4980 Kesler Road NW Cedar Rapids, IA 52405		\$25.00	<input type="checkbox"/>
04/03/2008	ID# CK# 124	Allen Miller 1007 Pinehurst Drive North Aurora, IL 60542	Brother	\$100.00	<input type="checkbox"/>
04/06/2008	ID# CK# 6156	Kevin & Becky Shoop 3490 Wileys Rd Walker, IA 52352		\$100.00	<input type="checkbox"/>
04/12/2008	ID# CK# 7063	Shirley Brace 178 Cardinal Ct. SW #18 Independence, IA 50644	Mother	\$150.00	<input type="checkbox"/>
04/28/2008	ID# CK# Cash	Holly Ralston 4881 1st Ave SW Cedar Rapids, IA 52405		\$30.00	<input type="checkbox"/>
05/01/2008	ID# CK# 7294	Willie Cisco Caldwell 2000 First Avenue NE STE 200 Cedar Rapids, IA 52402-6300		\$100.00	<input type="checkbox"/>
05/05/08	ID# CK# Cash	Mike Haeder 3210 Towne House Dr. NE Cedar Rapids, IA 52402		\$50.00	<input type="checkbox"/>
05/06/08	ID# CK# 17459	I.B.E.W. Educational Committee 900 Seventh Street NW Washington DC 20001		\$500.00	<input type="checkbox"/>
05/06/08	ID# CK# 506	Allen Miller 1007 Pinehurst Drive North Aurora, IL 60542	Brother	\$100.00	<input type="checkbox"/>
05/07/08	ID# CK# 8081	Robert D. King 4509 Benton St. NE Cedar Rapids, IA 52402-3024		\$20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,175.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller for Auditor

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05/08/08	ID# CK# 6868	Patricia K Lahr 3230 Silverthorne RD NE Cedar Rapids, IA 52402-7622		\$25.00	<input type="checkbox"/>
05/09/08	ID# CK# 7673	Eric and Jean Mote 4300 Northwood DR. NE Cedar Rapids, IA 52402-2321		\$100.00	<input type="checkbox"/>
05/09/08	ID# CK# 3518	James L Benz 15357 212th Ave Spirit Lake, IA 51360		\$100.00	<input type="checkbox"/>
05/09/08	ID# CK# 3360	Joseph O Beach 1712 Keith Dr. NE Cedar Rapids, IA 52402-5511		\$50.00	<input type="checkbox"/>
05/09/08	ID# CK# 6617	Barbara K Ernst 3653 Cottage Grove Ave. SE Cedar Rapids, IA 52403		\$100.00	<input type="checkbox"/>
05/09/08	ID# CK# 6347	Donald C Hoskins Marion, IA 52302		\$300.00	<input type="checkbox"/>
05/09/08	ID# CK# 5208	John D Smith 780 Kervin CT Robins, IA 52328-9647		\$100.00	<input type="checkbox"/>
05/09/08	ID# CK# 14005	Naomi Zeller 1962 Carrier Rd. Palo, Iowa 52324		\$50.00	<input type="checkbox"/>
05/09/08	ID# CK# 4603	Penelope A Fedro 2030 Deer Path Ln SE Cedar Rapids, IA 52403		\$25.00	<input type="checkbox"/>
05/09/08	ID# CK# 1757	Leta M Wall 156 Cherry Hill Rd NW Cedar Rapids, IA 52405-3025		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 870.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller for Auditor

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/09/08	ID# CK# 7473	Roy C Porterfield 100 Brockman Dr. SE Cedar Rapids, IA 52403-3850		\$30.00	<input type="checkbox"/>
05/09/08	ID# CK# 6051	Kathe A Goldstein 543 Forest Dr. SE Cedar Rapids, IA 52403		\$20.00	<input type="checkbox"/>
05/09/08	ID# CK# 4798	Jane O Helgson 1855 Comisky CT Ely, IA 52227		\$5.00	<input type="checkbox"/>
05/09/08	ID# CK# 5539	Edith Raus 605 E Main St. Manchester, IA 52057-0146		20.00	<input type="checkbox"/>
05/09/08	ID# CK# Cash	Bill Huntoon 1325 C Ave Marion, IA 52302		9.00	<input type="checkbox"/>
05/10/08	ID# CK# PayPal	Eliot Keller 1244 Devon Dr. NE Iowa City, IA 52240-9628		\$20.00	<input type="checkbox"/>
05/10/08	ID# CK# 4758	David A. O'Brien and Stacey J. O'Brien 4726 Leprechaun Ln. Cedar Rapids, IA 52411		\$150.00	<input type="checkbox"/>
05/11/08	ID# CK# 10210	Robert H Sprengeler 3715 Blue Mound Dr NE Cedar Rapids, IA 52402		\$25.00	<input type="checkbox"/>
05/12/08	ID# CK# PayPal	Aletia Morgan 26 Gallup Place Iowa City, IA 52246		\$25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 304.00	
TOTAL (if last page of this schedule)				\$ 2349.00	

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Page 3 of 3
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller for Auditor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/15/2008	ID# CK# 2098	Linn County Auditor 930 1st Street SW Cedar Rapids, IA 52404	Voter Data, PCT Maps	\$ 68.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 68.00
TOTAL (if last page of this schedule)				\$ 68.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller for Auditor

Reset Form

**SCHEDULE
E**
(Rev. 06/97)

**IN-KIND
CONTRIBUTIONS**

☒ **CHECK THIS BOX IF
AMENDING FORM**

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
04/20/2008	Lowe's Home Center 5300 Blairs Forest Blvd NE Cedar Rapids, IA 52402	Candidate	Sign Post install materials	\$ 1.64	<input type="checkbox"/>
04/22/2008	Theisen's Home Farm Auto 3111 16th Ave SW Cedar Rapids, IA 52404	Candidate	Sign Posts	189.21	<input type="checkbox"/>
04/27/2008	Menard's 200 Nenard Lane Marion, IA 52302	Candidate	Sign Post install materials - Cable ties	21.17	<input type="checkbox"/>
05/01/2008	OfficeMax 327 Collins Road NE Cedar Rapids, IA 52402	Candidate	Laser Paper	27.55	<input type="checkbox"/>
05/01/2008	Northeast Post Office Cedar Rapids, IA 52402-9802	Candidate	Postage	98.40	<input type="checkbox"/>
05/03/2008	Sam's Club 2605 Blairs Ferry Road NE Cedar Rapids, IA 52402	Spouse	Card stock and paper	28.26	<input type="checkbox"/>
05/10/08	Staples 2431 Wiley Blvd Cedar Rapids, IA 52404	Candidate	White Card Stock	15.36	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 381.59	
TOTAL (if last page of this schedule)				\$ 381.59	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Miller for Auditor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 100.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
No Activity			\$ 0.00

TOTAL (PART I) \$ 0.00**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
No Activity			\$ 0.00

TOTAL CASH REPAYMENTS (PART II) \$ 0.00From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 100.00

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